

ENSURING ACCESS IN AN INTEGRATED SYSTEM: RURAL HEALTH DELIVERY

Iowa Legislature Study Committee on Integrated Health Care
Delivery Models & Multi-Payer Delivery Systems

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Background



- Integrated Delivery System
 - 6,300 Total Employees
 - 767 providers employed / 470 medical staff
 - Over 50 clinical locations
 - 325-bed Tertiary Medical Center
 - 3 Critical Access Hospitals
- GL Medical Foundation
 - Fellowship/Residency and Medical Education
 - Research Program
- Western Clinical campus for UW Medical School/WARM Program
- Administrative/Medical partnership

Gundersen & the Iowa Rural Health Association

- Gundersen is a member of the Iowa Rural Health Association with a member on its Board of Directors.
- Our facilities and affiliates include rural health clinics and critical access hospitals.
- IRHA was established as a nonprofit organization in 1993 through leadership of the Office of Rural Health at IDPH.
- IRHA's mission:
 - To ensure optimal health for all Iowans particularly those in rural areas by bringing attention to the issues that affect rural health providers and addressing those issues by providing educational opportunities, facilitating information sharing and engaging in advocacy activities.

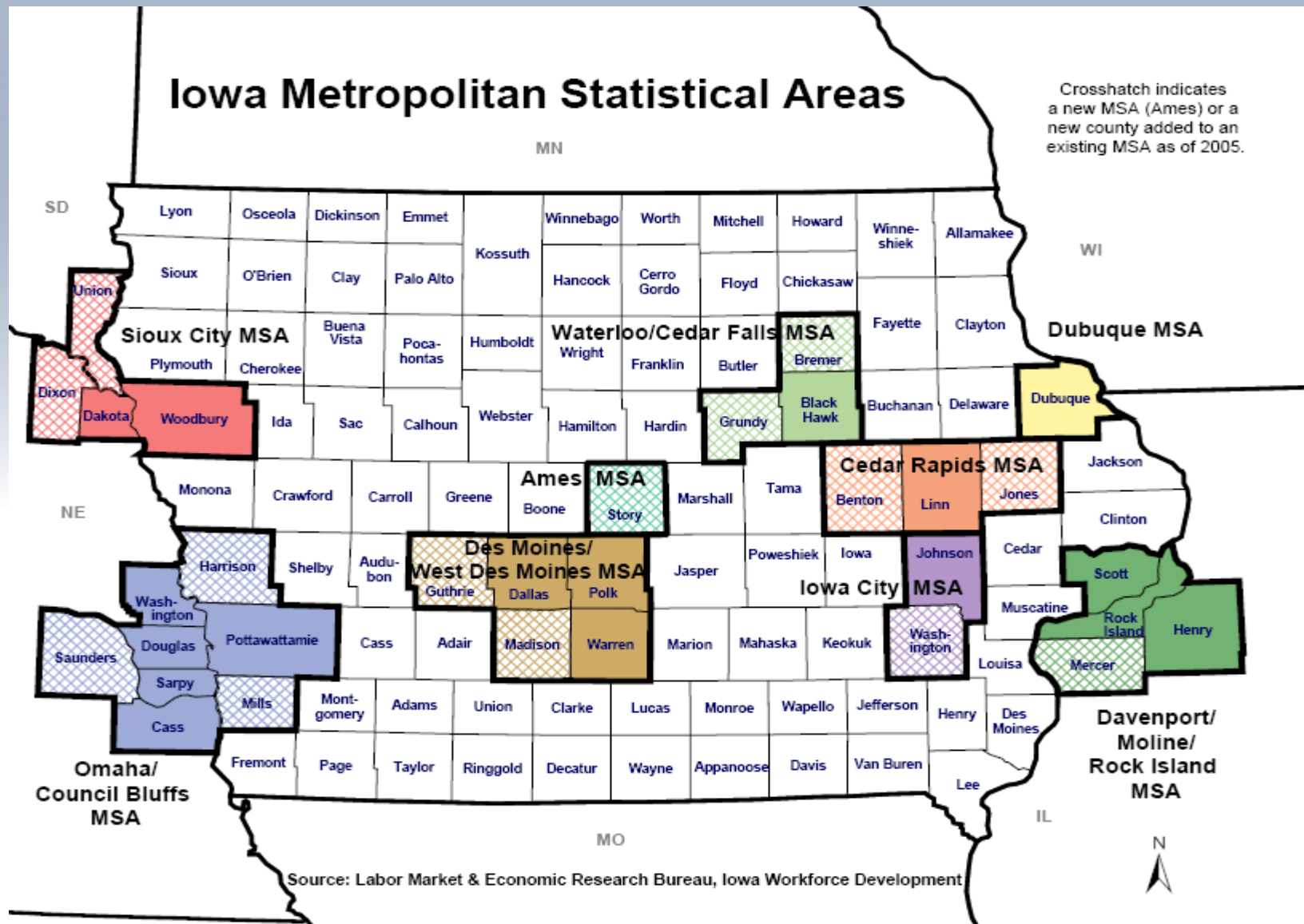
Iowa & Upper Midwest Among Top in Healthcare Quality

- Iowa: Top 5
- Minnesota: Top 5
- Wisconsin: Top 5
- South Dakota: Top 15
- Nebraska: Top 15
- Missouri: Top 25
- Illinois: Top 35

* Federal AHRQ State Composite Snapshot
on Comprehensive Healthcare Quality

Iowa Metropolitan Statistical Areas

Crosshatch indicates a new MSA (Ames) or a new county added to an existing MSA as of 2005.



Source: Labor Market & Economic Research Bureau, Iowa Workforce Development

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Outside MSAs, the Rest of Iowa is Rural

- 77 of 99 Iowa counties are rural
- 43% of population live in rural counties
- 1.3 million live in rural areas
- 82 of 118 hospitals are located in rural communities

The Rural Landscape: Population Density in Iowa Compared to Rest of the Upper Midwest

– South Dakota: 10.7

– Nebraska: 23.8

– Iowa: 54.5

National Average: 87.4

– Minnesota: 66.6

– Missouri: 87.1

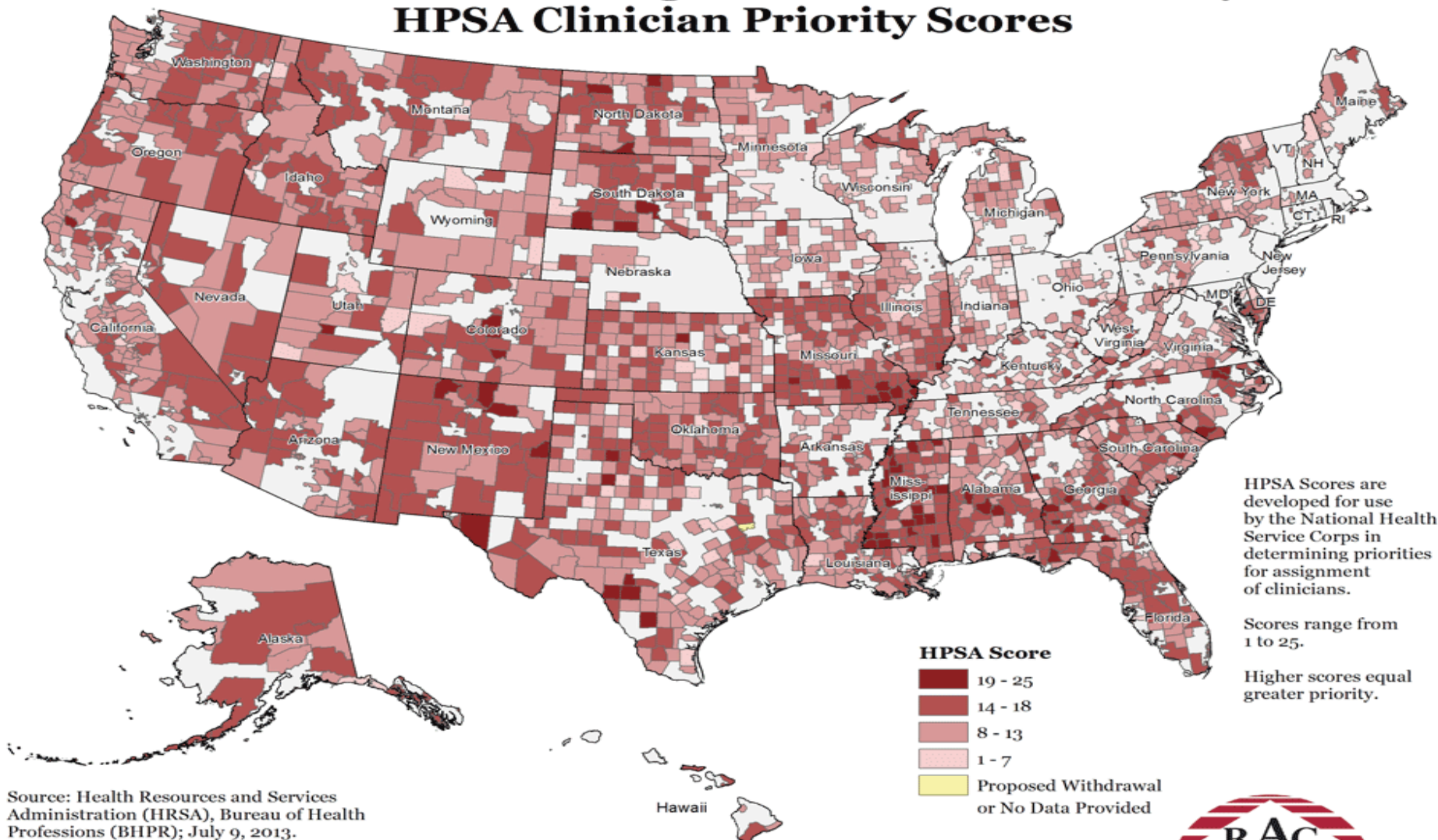
Regional Average: 83.5

– Wisconsin: 105

– Illinois: 231

*Persons per square mile from US Census

Health Professional Shortage Areas (HPSA) - Primary Health HPSA Clinician Priority Scores



Source: Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPR); July 9, 2013.

Note: Alaska and Hawaii not shown to scale



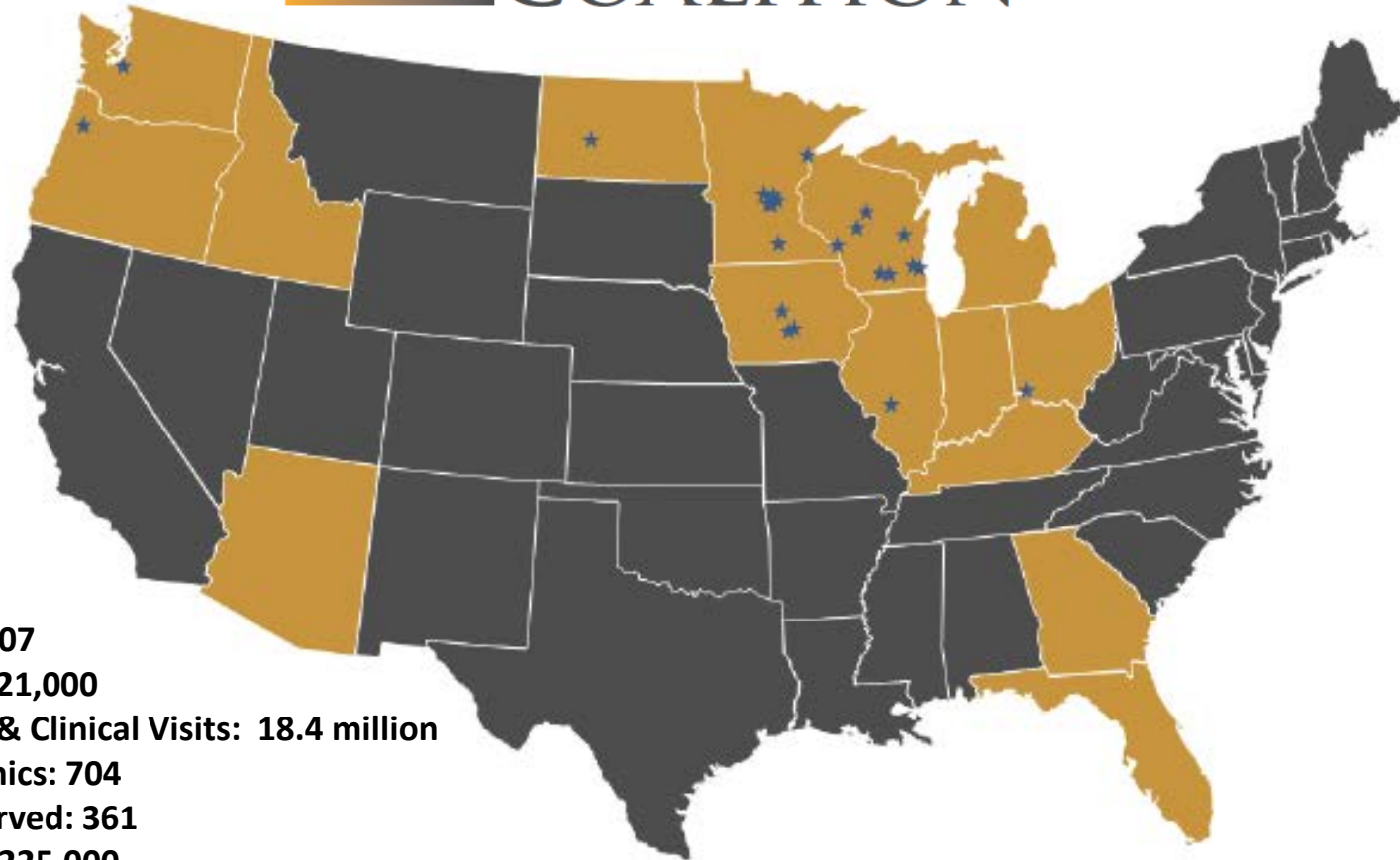
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Beyond Rural: The Interstate Nature of Healthcare & Commerce in Iowa

- Iowa's MSAs include 20 Iowa counties and 11 counties in other state
- 500,000 Iowans live in border community MSAs
- 1/3 of Iowa counties border another state
- 2/3 of Iowa counties are within one county's distance of another state
- All but seven of those counties are rural
- 1/2 of Iowa counties located in HPSAs

How do we ensure rural access
to an integrated health system?

THE HEALTHCARE QUALITY COALITION



Hospitals: 107
Physicians: 21,000
Outpatient & Clinical Visits: 18.4 million
Medical Clinics: 704
Counties served: 361
Workforce: 225,000

<http://www.qualitycoalition.net>

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Shift from Fee-For-Service to Value-Based Reimbursement

- Healthcare Quality Coalition
 - The Iowa Clinic
 - McFarland Clinic
 - Gundersen Health System (co-founder of HQC)
- Medical Home Development
 - NCQA, IME, Magellan
- Accountable Care Organization Development
 - CMS, IME, Wellmark BCBS

Promoting Interstate Regulatory Harmonization

- Interstate compacts and adoption of equivalency in regulations (ie. NCQA & Minnesota medical home certification)
- Mental health redesign (ie. County Social Services in Waterloo)
- Iowa Physician Orders for Scope of Treatment Law (ie. Gundersen Respecting Choices Advance Care Planning Program)
- Licensing and credentialing

Improving Access to Rural Healthcare While Keeping Healthcare Local

- Counterbalancing Pressures: Push for More with Less
- Protecting and Promoting Critical Access Hospital & Rural Health Clinic designations (ie. August HHS Inspector General report)
- Ensuring access of all clinics and hospitals, whether rural or urban, to participate in medical homes and ACOs (ie. MA Waivers; IME ACO Model)
- Improving Telemedicine Access
 - Less than 1% of claims are telemedicine (ie. Midwest Telemedicine Consortium headquartered in Des Moines)
 - IME & private payors rely on Medicare standards when Iowa could lead in developing standards as a rural state

Questions?

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